








- 1  **ESSENTIAL HEALTH BENEFITS UNDER THE AFFORDABLE CARE ACT**
Health Reform Commission Full Commission Meeting
April 5, 2012
- 2  **Healthcare Reform Commission**
 - ☐ Lt. Governor Roberts welcomes members to the quarterly meeting.
 - ☐ Senator Sheldon Whitehouse speaks about the implementation of health reform at a federal level
 - ☐ Lindsay McAllister, Office of the Lt. Governor, gives a presentation on Essential Health Benefits
- 3  **Essential Health Benefits (EHB)**
 - ☐ § 1302(b) of the ACA directs Secretary of HHS to define EHB.
 - ☐ What will insurance sold on and off Exchange look like?
 - EHB will apply to individual + small group markets.
 - ☐ Statute distinguishes between covered categories & cost-sharing features
 - Actuarial value expressed by “precious metals”
- 4  **Today’s Conversation**
 - ☐ EHB categories
 - ☐ Setting an EHB “benchmark”
 - ☐ Federal guidance on state mandated benefits
 - ☐ Decisions for Rhode Island
 - ☐ Stakeholder Process
- 5  **EHB Categories**
ACA Section 1302(b):
 - ☐ (A) Ambulatory patient services.
 - ☐ (B) Emergency services.
 - ☐ (C) Hospitalization.
 - ☐ (D) Maternity and newborn care.
 - ☐ (E) Mental health and substance use disorder services, including behavioral health treatment.
 - ☐ (F) Prescription drugs.
 - ☐ (G) Rehabilitative and habilitative services and devices.
 - ☐ (H) Laboratory services.
 - ☐ (I) Preventive and wellness services and chronic disease management.
 - ☐ (J) Pediatric services, including oral and vision care.
- 6  **Setting an EHB “Benchmark”**
 - ☐ States to choose a “benchmark” plan that will serve as a reference.
 - ☐ Federal Guidance provides a menu:
 - Any of the 3 largest small group insurance products in state’s small group market (*by enrollment*);
 - Any of the 3 largest SEHBP (*by enrollment*);
 - Any of the 3 largest national FEHBP plan options (*by enrollment*);
 - Largest insured commercial non-Medicaid HMO operating in the state.
- 7  **Federal Guidance on State Mandates**
 - ☐ Selected benchmark may already include RI statutory mandates (*small group plans*).
 - If so, states will not initially bear cost of mandates that are not considered “Essential Health Benefits.”
 - HHS will reassess this in 2016.

- ☐ Only applies to mandates on the books as of December 31, 2011.

8 Decisions for Rhode Island

- ☐ 1) The state must choose a benchmark plan
- ☐ 2) The benchmark may need to be supplemented
 - e.g., *habilitative, pediatric dental and vision services*
- ☐ 3) Structure of benefits under statutory mandates

9 Stakeholder Process

- ☐ EHB Work Group convened under Health Reform Commission
- ☐ *Not* limited to members of the Commission
- ☐ First meeting: April 16th at 8:30 am
2nd Floor, One Davol Square (RI-CIE)
- ☐ Meet \approx every 3 weeks
- ☐ Expect to complete work by October 1, 2012

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☐ Questions or Comments:

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